

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	401	13/19/97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	9/1/97
2	9/1/97
3	9/1/97
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48	9/1/97
49	9/1/97
50	9/1/97

BEST AVAILABLE COPY

SYMBOLS	
✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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